

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <div style="font-size: 1.2em;">10613595</div>	FILING DATE <div style="font-size: 1.2em;">07-03-03</div>							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			* IND		* DEP		* IND		* DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	8						TOTAL DEP.								
TOTAL CLAIMS	12						TOTAL CLAIMS								